



MEDICAL
UNIVERSITY
OF WARSAW

FACULTY OF MEDICINE AND DENTISTRY

**STUDENT INTERNSHIP LOG – SECOND YEAR
in the field of dental assistance**

Academic Year **2025/2026**

Student's full name.....

Year of study Student ID number.....

Address of permanent residence.....

1/ Placement term: from to

Number of working days: Number of hours.....

2/ Placement place / address and phone/:

.....
.....

3/ Full name

of the entity's head.....

of the placement supervisor

4/ Achievement of educational outcomes

Scope of activities	Educational outcome (MSHE Reg. as of 26 July 2019)	Dates of performance	Approval of performance by the placement supervisor (Signature and stamp)
Familiarising oneself with office organisation, including the principles of: <ul style="list-style-type: none"> admission of patients, keeping medical records, knowing forms and principles of obtaining patient's consent to dental treatment, knowing rules of issuance of referrals for additional examinations and consultations supplying department/office with medications, dental materials, instruments and linen, office equipment; 	G.W10 G.W11 D.U14 F.U11 G.U26		



FACULTY
OF MEDICINE
AND DENTISTRY

6 Binieckiego St.
02-091 Warszawa
www.wls.wum.edu.pl

phone: +48 22 57 20 213
stomatologia@wum.edu.pl

Scope of activities	Educational outcome (MSHE Reg. as of 26 July 2019)	Dates of performance	Approval of performance by the placement supervisor (Signature and stamp)
Obtaining knowledge about sanitary procedures and different methods of disinfection/sterilisation of instruments, equipment and surfaces	G.W18 G.W19 G.U12 G.U21		
Preparing office for patients' admission; preparing a patient for a dental procedure; cleaning dental office after procedures			
Assisting in dental procedures – handling instruments, dressings, materials, etc.	G.U20		
Obtain communication skills in relation with patients and dental office staff	F.U3 F.U4 G.U15		

.....

(Student's signature)

5/ Confirmation of the number of summer student placement hours and performed activities and an evaluation of student's work and course of placement

.....

.....

.....
(Stamp of an entity providing placement)

.....
(Signature and stamp of an entity's head)

Student's remarks about summer student placement:

.....

.....

The obligatory summer student placement after the **second year** of the program in the academic year 2025/2026 is credited.

.....

Dean



6 Binieckiego St.
02-091 Warszawa
www.wls.wum.edu.pl

phone: +48 22 57 20 213
stomatologia@wum.edu.pl